



Delaware Army National Guard

FTNGD-OS Position Applicant Packet Checklist

Applicant's Name: _____
(Last, First, MI)

Position Title: _____

Tour Dates: _____

NGDE-HRO-AG Receipt	
Date Received:	
Received By:	

Packet Sequence: Incomplete Packets Will Be Returned	
	Tour Announcement Memorandum
	DA Form 1058 (Application for ADOS)
	Point of Contact Data Form
	State & Military Driver's License Copy
	Individual Medical Readiness (IMR) Record (MEDPROS) Must be within the last 12 months
	Periodic Health Assessment (PHA) (MEDPROS) Must be within the last 12 months
	NGB Form 23B (RPAM) Army National Guard Retirement Points History Statement
	Certificate of Release or Discharge (DD Form 214, DD Form 220(s), DD Form 215(s) if applicable)
	DA 705 (APFT) Current passing APFT must be within the last 12 months
	DA Form 5500-R or DA Form 5501-R Body Fat Content Worksheet (If Applicable)
	DA Form 3349 Physical Profile (If Applicable)
	Security clearance Validation memorandum from State Security Manager
	Verify DA Form 5960 (BAH Authorization)

Applicant's Signature/Date: _____
(DD MMM YYYY)

Verified By/Date: _____

Verified By: _____ (FTS Unit Representative)
(Last, First, MI) (Rank) (Phone Number)

Certified By/Date: _____ (BDE AO or OPS NCO)

Verified By: _____
(Last, First, MI) (Rank) (Phone Number)